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22442 7590 12/24/2003

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KATHLEEN BUSSELL	(Depositor's name)
<i>Kathleen Russell</i>	(Signature)
3/24/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/672,865	09/28/2000	Erwin Gelfand	2879-68	9468

TITLE OF INVENTION: MODULATION OF YO T CELLS TO REGULATE AIRWAY HYPERRESPONSIVENESS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	03/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
QIAN, JANICE LI	1632	514-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 SHERIDAN ROSS PC
2 _____
3 _____

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NATIONAL JEWISH MEDICAL
AND RESEARCH CENTER

DENVER, COLORADO

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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(Authorized Signature)

(Date)

Amala Subor 24 March 2004

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03/31/2004 WASFAW2 00000074 09672865

01 FC:2501
02 FC:8001

665.00 OP
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